Form prescribed by Comptroller Seneral, U. sApproved For Release 200200 Pr. CIA-RDP64-00360R0004 September 7, 1950 SERVICES OTHER THAN PERSONAL Bu. (Amended February 20, 1952) U. S. Cost Reimbursable (Department, bureau, or establishment)						PAID BY				
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oucher prep	ared at						GA.) A	7
HE UNITED S	STATES, Dr.,	Payee	Payee's Account No. 855				SAPC 53C3			
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	(Add	dress)	CILY)	· S	State)		UNIT	PRICE	AMOUN	r
No. and Date of Order	Date of Delivery or Service		item number of contraction deem	st or Hoderol s	upply	QUANTITY	Cost	Per	Dollars	Cts
		Fixed Fee							4,370.	69
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AYMENT:										
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Final		Use co	ontinuation sheet(s) if ne	cessary						
hipped from		to	Weight	Government	B/L No.	yee must NO	T .1:.	Total	4,370.	6
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certify that the	above bill is corre-	Ct and Just and that bayin	MOTION THE THE PERSON							-
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